REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/837,862
Filing Date	April 17, 2001
First Named Inventor	Shai Dekel
Group Art Unit	2621
Examiner Name	Tom Y. Lu
Attorney Docket Number	61133-11131

То:	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.									
The reasons for this request are:									
The client knowingly and freely assents to termination of the employment.									
1. The correspondence address is NOT affected by this withdrawal.									
Change the correspondence address and direct all future correspondence to:									
Firm <i>or</i> Individu	al Name	Andrus, Sceales, Starke & Sawall c/o Joseph D. Kuborn, Esq.							
Address	3	100 East Wisconsin Ave., Suite 1100							
Address									
City		Milwaukee	State	Wisconsin	Zip	53202			
Country	,	United States							
Telepho	one	(414) 271-7590	Fax	(414) 271-5770					
 ☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number 758 On whose behalf I have signed this request and on whose behalf I am authorized to sign. 									
Name		Stuart P. Meyer, Reg. No. 33,426							
Signatu	re	/Stuart P. Meyer/							
Date		October 10, 2006							
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									